

AUTHORIZATION TO DISCLOSE DEPOSIT INFORMATION

To: _____
(Name of Financial Institution)

You are directed to disclose to the Connecticut Commissioner of Banking or his designee, without notifying me, any information he may request, and to provide him or his designee, without notifying me, with copies of any documents governing, records showing transactions in, copies of instruments drawn on, and other writings he may request relating to the following account:

Account Number: _____

Any fee for providing such information and/or copies to the Commissioner or his designee may be charged to this account.

Name of Depositor (Type or Print)

By _____
(Signature of authorized individual)

(Type or print name of person who signed above)

(Title)

This form need not be completed for deposit accounts maintained at financial institutions which are chartered under the laws of the State of Connecticut.

This form should be filed only for deposit accounts which are maintained in lieu of any part of the required bond under Section 36a-602 of the Connecticut General Statutes.